Case Number:	CM13-0067931		
Date Assigned:	01/03/2014	**Date of Injury:**	09/12/2009
Decision Date:	04/07/2014	**UR Denial Date:**	12/11/2013
Priority:	Standard	**Application Received:**	12/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47 year old male who was injured on 09/12/2013 while he tripped and fell injuring his right knee. Treatment history included physical therapy visits postoperative and reports having had cortisone shots and 2 visco series as well as two arthroscopies. Medications include Norco 5-325 mg as needed for pain, Percocet 5-325 mg as needed for pain and Compazine 10 mg for nausea. On 11/23/2009 he underwent arthroscopy, partial posterior horn medical medial meniscectomy of the left knee, patellar shaving left knee and synovectomy left knee. The patient underwent arthroscopy of the left knee on 11/02/2010. On 07/30/2013 he underwent right knee unicompartmental arthroplasty. Diagnostic studies reviewed include MRI of the left knee dated 10/16/2009 revealing meniscal tear identified involving posterior horn of the medial meniscus extending to both the superior and inferior articular surfaces. MRI of the left knee w/o contrast dated 06/23/2010 with the following impression: 1) Tiny free edge radial tear in the medical meniscus remnant following interval partial medial meniscectomy. 2) Mild progression of moderate chondral loss central weight bearing surface area of the medial femoral condyle. 3) Baker's cyst and mild pes anserine bursal inflammation, larger than on the prior study. 4) Mild scarring cruciate and collateral ligaments. MRI of the right knee w/o contrast dated 08/12/2011 with the following: 1) Horizontal oblique tear of the posterior horn of the medial meniscus. 2) 5 mm in transverse dimension region of chondral thinning involving the inner weight bearing surface of the medial femoral condyle. 3) 8 mm in transverse dimension region of chondral thinning involving the inferior aspect of the median patellar ridge and the adjacent lateral facet of the trochlea. 4) 3 mm transverse dimension region of focal chondral fissuring involving the medial facet of the trochlea. 5) Small popliteal cyst measuring 0.6 x 1.8 x 4.2 cm. An EMG/NCV study dated 0106/2012 revealed normal electromyographic examination. MRI of the left knee w/o contrast dated 05/25/2012 with the following: 1) Small subchondral

insufficiency or stress fracture involving the anterior portion of the lateral tibial plateau with moderate associated bone marrow edema. 2) Status post partial medial meniscectomy, with blunting and irregularity of the posterior horn of the medical meniscus. 3) Mild chondral thinning involving the posterior weight bearing surface of the medial femoral condyle. 4) 1.2 x 1.3 x 7.8 cm popliteal cyst. 5) Trace joint effusion. MRI of the right knee dated 09/05/2012 with the following: 1) Mild bone edema involving the anteromedial aspect of the medial femoral condyle, which may represent a bony contusion. 2) Mild subchondral edema involving the periphery of the lateral tibial plateau, which may be degenerative or post-traumatic in nature. However, the overlying articular cartilage in this location appears intact. 3) Status post partial medial meniscectomy involving the posterior third of the medial meniscus, and no recurrent meniscal tear is identified. 4) 13x9 mm area of chondral thinning and fissuring involving the lateral portion of the weight bearing. Clinic note dated 09/17/2013 documented the patient to be approximately 2 months post unicompartmental knee arthroplasty. Overall is doing well. He has much less pain and much better function. He continues to have some discomfort. Clinic note dated 12/02/2013 documented the patient to have complaints of some weakness and feels hesitant, but has good pain relief and is improving. The left knee is reported to have significant pain interfering with most activities. He can only walk a short time without pain. Objective findings on exam included he is healthy appearing and does not appear to be in any significant distress. He is walking cautiously with a limp favoring to the left side. The right knee has a scar that is nicely healed and the knee ROM is good. The left knee is in neutral so slightly valgus alignment. There is not quite full extension. The medial joint and proximal tibia are tender to palpation. The ligaments are stable and symmetrical. The neurovascular status are intact.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TOTAL KNEE ARTHROPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute and Chronic), Knee Joint Replacement.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, the criteria for total knee replacement are "Limited range of motion (<90Â° for TKR). AND Nighttime joint pain. AND No pain relief with conservative care (as above) AND Documentation of current functional limitations demonstrating necessity of intervention. PLUS Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. PLUS Osteoarthritis on standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted." In this case, this patient is chronic bilateral knee pain and had previous arthroscopic surgeries to the left knee. There is documentation that he has failed all appropriate conservative care. On physical exam on 12/03/2013, it was noted as left knee lacks full extension, but there is

no mention about ROM loss of less than 90 degrees of flexion as required by the guidelines. Also, this patient is only 47 years old and guidelines required the individual needs to be over 50 years of age. His last left knee MRI dated 05/25/2012 showed some minimal thinning of the articular cartilage in medial compartment but none in lateral or patellofemoral compartments. Thus, there is no sufficient evidence of arthritis to warrant total knee replacement. Therefore, the request is non-certified.